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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
Substitute for Form PTO-1360
(For use with Form PTO/88/07)

Application Number
09/743,731

Filing Date

Applicant(s)

CLAIM#	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments							
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CLAIMS ONLY

SERIAL NO. 09/743731

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APPLICANT'S

CLASSES

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT										
	NO.	DEA	NO.	DEA	NO.	DEA		NO.	DEA	NO.	DEA	NO.	DEA	NO.	DEA
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TOTAL DEA	9		7		8		TOTAL DEA								
TOTAL CLAIMS	10		8		10		TOTAL CLAIMS								

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-322 (1-80)

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